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2624

Application of:

Docket No. 03500.014148

KAZUHIRO MATSUBAYASHI

Application No.: 09/471,162

Examiner: K.Y. Poon

Filed: December 23,1999

TC/Art Unit: 2624

For: INFORMATION PROCESSING APPARATUS AND
INFORMATION PROCESSING METHOD FOR
PROCESSING DOCUMENT DATA HAVING A
PLURALITY OF OBJECTS DIFFERENT
IN ATTRIBUTION

Date: April 30, 2004

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 07 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|------------------------------------------------|--------------------------------------------------|-------|----------------------------------------------|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 21 | MINUS | ** 33 | = 0 | x \$9 \$18 | 0 |
| INDEP. CLAIMS | * 6 | MINUS | *** 6 | = 0 | x \$43 \$86 | 0 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | 0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | 0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.


** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
LOCK SEE YU - JAHNES
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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